

July 31, 2002

**STAFF TRAINING IN CARDIOPULMONARY RESUSCITATION AND
ADVANCED CARDIAC LIFE SUPPORT**

1. PURPOSE: This Veterans Health Administration (VHA) Directive issues policy for providing appropriate staff with training to ensure prompt and skilled resuscitations.

2. POLICY: It is VHA policy that each medical facility is required to have a policy on appropriate staff training in Cardiopulmonary Resuscitation (CPR) and Advanced Cardiac Life Support (ACLS).

3. ACTION: The medical facility Director is responsible for ensuring that:

a. The facility CPR Committee:

(1) Determines which critical staff will be required to maintain current ACLS certification. Local determinations will go beyond the Medical Service Manual Chapter on code teams, (see subpar. 4a) and will address broader issues of certification for physician, nursing and physician assistant staff who participate in critical care procedures or surgeries. For example, a facility might require that the Director of the Intensive Care Unit or the pulmonary staff physician who performs bronchoscopies maintain current ACLS certification. Certain clinical staff may need to have current ACLS certification if, for example, they work in the Coronary Care Unit or Emergency Room (see subpar. 4b) or Operating Room, even if they are not participants in the code team.

(2) Ensures all clinically active staff have had CPR education, whether as Basic Cardiac Life Support (BCLS) or through another program. As State requirements vary, local policies must ensure that physicians can maintain their State licensure by complying with Department of Veterans Affairs (VA) procedures. For example, if the State requires a physician to have a current BCLS to remain licensed, the facility is to use that requirement, not a different CPR course.

b. Training, or funds for such training, are made available for full-time VA staff to obtain this certification, if such training is required for their work. Part-time (less than 5/8ths) or contract staff are expected to obtain this certification through their primary employer, or at their own expense, before becoming eligible for an assignment with this requirement. **NOTE:** *The Chief of Staff, at the recommendation of the CPR Committee, may designate certain part-time employees as essential, in which case, training, or funds for such training, must be provided by VA.*

c. Local facility policy is reviewed annually (at a minimum) to ensure that it is current and applicable.

THIS VHA DIRECTIVE EXPIRES JULY 31, 2007

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4. REFERENCES

- a. M-2, Part IV, Chapter 1, Paragraph 1.01.
- b. M-2, Part IV, Chapter 1, Paragraph 1.03.

5. FOLLOW-UP RESPONSIBILITY: The Acute Care Strategic Health Care Group (111) is responsible for the contents of this directive. Questions may be referred to National Program Chief for Cardiology at 202-273-8490.

6. RESCISSIONS: VHA Directive 10-93-139 is rescinded. This VHA Directive will expire July 31, 2007.

S/ Jonathan B. Perlin, M.D. for
Robert H. Roswell, M.D.
Under Secretary for Health

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